

NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)

Duplicate
(check, if applicable)

MAIL STOP PATENT APPLICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.: 10800-3U3
First Named Inventor: Walter W. Eckman
Express Mail Label No.: EV343986955US
Total Pages of Transmittal Form: 2

120903
17364
U.S. PTO

Transmitted herewith for filing is the non-provisional utility patent application entitled:

DISKECTOMY INSTRUMENT AND METHOD

which is:

an Original; or
a Continuation, Divisional, or Continuation-in-part (CIP)
of prior Application No. 10/345,525 filed January 16, 2003.
Anticipated Group/Art Unit: 3732.
 This non-provisional patent application is based on Provisional Patent Application No.
, filed

Enclosed are:

Specification (including Abstract) and claims: 19 pages.
 Application Data Sheet.
 Newly executed/unexecuted Declaration (original/copy).
 Copy of Declaration from prior application.
 Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
 8 sheets of drawings (formal).
 Microfiche computer program (Appendix).
 Nucleotide and/or Amino Acid Sequence Submission, including:
 Computer readable copy Paper Copy Verified Statement.
 Under PTO-1595 Cover Sheet, an assignment of the invention
 Name of Assignee: Concept Matrix, LLC
 Certified copy(ies) of Application No(s). filed is/are filed:
 herewith or in prior application
 Applicant, by his undersigned attorney, claims Small Entity Status under 37
C.F.R. §1.27 as an Independent Inventor, or a Small Business Concern, or
 a Non-Profit Organization.
 Preliminary Amendment.
 Information Disclosure Statement, PTO/SB/08A w/o cited references.
 Request for Nonpublication of Application Under 35 U.S.C. §122(b)
 Other:

22581 U.S. PTO
10/731288
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The filing fee is calculated as follows:

			SMALL ENTITY		LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$385.00		BASIC FEE: \$770.00	
Total	8 - 20 =	0	X9	\$ 0.00	OR X18	\$
Independent	1 - 3 =	0	X43	\$ 0.00	OR X86	\$
[] Multiple Dependent Claims Present			\$145	\$	OR \$290	\$
			TOTAL	\$ 385.00	OR	TOTAL

[] The commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts.

[X] A check in the amount of **\$385.00** to cover the filing fee is enclosed.

[X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 210800.0015)** as noted below. A duplicate copy of this sheet is enclosed.

[X] Any overpayments or deficiencies in the above-calculated fee.

[] Filing fee in the amount of \$ _____ as calculated above.

[X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.

[X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

WALTER W. ECKMAN

December 9, 2003

(Date)

By:

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Enclosures